

SANTA ROSA COUNTY EMPLOYMENT APPLICATION

6495 Caroline Street, Suite H
Milton, Florida 32570

Available on INTERNET:
www.co.santa-rosa.fl.us

**NO RESUMES WILL BE ACCEPTED
PLEASE PRINT IN BLUE OR BLACK INK OR TYPE**

EQUAL OPPORTUNITY EMPLOYER

Santa Rosa County is an Equal Opportunity Employer and does not discriminate on the basis of Race, Color, Religion, Gender, National Origin, Disability, or Age.

POSITION APPLIED FOR

Title _____ Closing Date _____

PERSONAL INFORMATION

Name _____ Social Security Number _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
In case of emergency, contact: _____
Name _____ Phone _____

CITIZENSHIP

Are you a U.S. citizen or are you legally authorized to work in the U.S.? () Yes () No

VETERANS' PREFERENCE CLAIM

Are you a Florida resident and have you ever been employed in Florida and its political subdivisions? () Yes () No

If eligible, which veterans' preference category are you claiming? ☐
(Please indicate number from Veterans' Preference Information page.)

Note: If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or discharge from Active Duty) and any other required supporting documentation with your application.

BACKGROUND INFORMATION

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? () Yes () No

NOTE: A "Yes" answer to the above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

If "Yes", what charges? _____

Where _____ Date _____

EDUCATION**HIGH SCHOOL**

Name/Address of School

Received: ☐ Diploma ☐ Other (specify) ☐ None

Name/Address of School	Major Courses	Type of Degree Earned

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Do you have relatives **who are employed by the Santa Rosa County Government?** Yes () No ()**If you indicated "Yes", please list the names of relatives below.**

RELATIVES: (for purposes of this employment application, "relative" refers to father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half sister). (Chapter 112.3135, Florida Statutes)

Name of Relative

Employer

Position

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three people you have worked with who know your qualifications for this position. Do not list supervisors that you list on employment data.

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

WORK EXPERIENCE

Name of Present Employer: _____ Address: _____
 City: _____ State: _____ Phone: _____ Supervisor's Name: _____
 Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____
 Reason for Leaving: _____ Specific duties and tasks performed: _____

Name of Previous Employer: _____ Address: _____
 City: _____ State: _____ Phone: _____ Supervisor's Name: _____
 Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____
 Reason for Leaving: _____ Specific duties and tasks performed: _____

Name of Previous Employer: _____ Address: _____
 City: _____ State: _____ Phone: _____ Supervisor's Name: _____
 Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____
 Reason for Leaving: _____ Specific duties and tasks performed: _____

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 Reason for Leaving: _____ Specific duties and tasks performed: _____

May we check with your present employer? () Yes () No. **NOTE: We may contact any previous employer to verify your description of past duties.**

Are you presently employed with Santa Rosa County? () Yes () No

CHECK ONLY THE LOCATIONS WHERE YOU ARE WILLING TO WORK:

For the County: () North End only
 () South End only
 () Milton/Pace area only
 () Any location

Check only the types of appointments you are willing to accept:

() Permanent full time () Permanent part time () Temporary () Seasonal

I understand that I will only be considered for the types of appointments and locations that I have checked above.

Signature: _____ Date: _____ Social Security #: _____

CERTIFICATION: I have reviewed the job description, and certify I am able to perform the job I have applied for. I am aware that any omission, falsifications, misstatements or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability for employment by the county by employers, schools, law enforcement agencies, other individuals, organizations authorized to investigate, personnel staff and other authorized employees for employment purposes. I understand applications submitted for employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

AFTER AN OFFER OF EMPLOYMENT, APPLICANTS MAY BE REQUIRED TO BE FINGERPRINTED AND SUBMIT TO A MEDICAL EXAMINATION.

 Signature

 Date

DO NOT WRITE BELOW THIS LINE

____ NOT MINIMUM: _____

____ CLARIFY: _____

Date Notice	Class	Minimum	Experience	Seniority Points		Education	Written	Performance	VP	Date Reg	Rank
				Dept	Class						

Typing Test Verified: Score _____ Date of Test _____ Initials _____

APPLICANT CERTIFICATION INFORMATION SHEET

FOR EACH POSITION APPLIED FOR, ALL SUPPORTING DOCUMENTS LISTED BELOW AND/OR LISTED AS THE MINIMUM REQUIREMENTS ON THE JOB DESCRIPTION, **MUST BE SUBMITTED BY THE CLOSING DATE**. DOCUMENTS MAY BE DELIVERED BY US MAIL, FAX, EMAIL, OR HAND DELIVERED.

NO EXCEPTIONS WILL BE MADE

Please read/complete the following:

YOU SHOULD NOT APPLY, IF YOU DO NOT MEET THE MINIMUM QUALIFICATIONS OR YOUR APPLICATION DOES NOT REFLECT YOU MEET THE MINIMUM QUALIFICATIONS.

1. You **MUST** review the job description for the position you desire. You **WILL** be asked to acknowledge requirements of the job description for which you are applying. If experience is one of the qualifications, please translate your job experience into the terms listed on the job description (back to age 15, if applicable).
2. The application must be completed **IN FULL** by the closing date. Remember to list dates and hours of employment. **Resumes are not accepted.**
3. It is **imperative** that applicants notify the Human Resources Office of changes in address and phone numbers.
4. In accordance with **The Americans with Disabilities Act**, persons needing a special accommodation to apply should contact the Human Resources Office at (850) 983-1948. For assistance in accommodating a test, contact the Human Resources Office no later than the job closing date at the phone number stated above.

Educational data: i.e., diplomas, transcripts and/or certificates. Any courses/certificates **must** include hours attended, to receive credit. Foreign diplomas must be translated to English and their credentials evaluated by an approved certifying agency.

Special qualifications, skills, licenses and certificates: Driver's license must be verified when required. A copy of a DD214 **will be required** for proof of veteran's preference.

NOTE: List any volunteer experiences if it is employment related. **Total hours are required** to be listed, to receive credit.

ADDITIONAL: The Human Resource Office is available to make copies of all supporting documents **ONLY** for those that are hand delivered. Separate application packets are required for each position of interest. **Any previous application packets submitted will not be considered.**

THIS PAGE MUST BE SUBMITTED WITH YOUR APPLICATION

Applicant Signature _____ Date _____

VETERAN'S PREFERENCE INFORMATION

Santa Rosa County, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment to those veterans who were honorably discharged or the spouses of veterans as identified below, if they are a Florida resident. Honorable discharge refers to "Honorable" or "General Discharge under honorable conditions".

STATUS OF PREFERENCE

1	A veteran with a compensable service connected disability who is eligible for or is receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs. (10 points)
2	The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power. (10 points)
3	<p>A Veteran who served at least one day during a wartime era. "Wartime Era" includes: (5 points)</p> <ul style="list-style-type: none">a) Spanish-American War: April 21, 1898 to July 4, 1902 and including the Philippine Insurrection and the Boxer Rebellion;b) Mexican Border Period: May 9, 1916 to April 5, 1917 in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto;c) World War I: April 6, 1917 to November 11, 1918; extended to April 1, 1920 for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921 provided such veterans had at least one (1) day of service between April 5, 1917 and November 12, 1918;d) World War II: December 7, 1941 to December 31, 1946;e) Korean Conflict: June 27, 1950 to January 31, 1955;f) Vietnam Era: February 28, 1961 to May 7, 1975;g) Persian Gulf War: August 2, 1990 to "such date as may be prescribed by presidential proclamation or by law".
4	The unremarried widow or widower of a Veteran who died of a service connected disability. (5 points)

Should you qualify for the preference under any category and wish to assert it, **please state the status of your preference (one of the above listed categories) on the application for employment.**

According to Veteran's Affairs Chapter 55a-7.012, paragraph 3: A Veteran's employment preference shall be deemed to have expired after an eligible person has applied and been employed in Florida by any agency of a political subdivision of the State.

NOTE: Florida law preference in employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. An applicant eligible for veterans' preference who believes they were not afforded employment preference may file a complaint with the Division of Veteran's Affairs, 11351 Ulmerton Road, Largo, Florida 33778. A complaint shall be filed within 21 days after notice of a hiring decision, or within 3 months of the date the application is filed with the employer if no notice is given.

WORK EXPERIENCE

Name of Previous Employer: _____ Address: _____
City: _____ State: _____ Phone: _____ Supervisor's Name: _____
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Reason for Leaving: _____ Specific duties and tasks performed: _____

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